

THE BALTIMOREAN APARTMENTS
2905 N. Charles Street
Baltimore, MD 21218
(410) 889-4157 Fax (410) 889-4158

REQUEST FOR RESIDENCY VERIFICATION

Applicant: Please sign and date the section at the center of the page marked with a *. Please do not fill out the rest of this form. We will send this signed form to your landlord if required.

To: _____ Date: _____

The person named below has submitted an application to us for an apartment rental. You were listed as having rented to the applicant. The applicant, by his/her signature below, has authorized you to release information about prior residency. Your comments or recommendations on this matter will be sincerely appreciated. We will be pleased to reciprocate this favor in the future. Thank you.

Resident's Name(s): _____

Occupancy Address: _____

Date(s) of Occupancy: _____

REQUEST SUBMITTED BY	TITLE	PHONE

**APPLICANT'S AUTHORIZATION OF THIS INQUIRY:
I hereby consent to the release of my residency information.**

* _____
Resident's Signature **Date**

PROPERTY OWNER'S OR MANAGEMENT AGENT'S COMMENTS

Date Moved-In: _____ Date Moved-Out: _____ Still is Occupant

Monthly Rent \$ _____ Utilities Included: _____

Rent Generally Paid: ON-TIME OCCASIONALLY LATE OFTEN LATE

Housekeeping Habits: GOOD AVERAGE POOR

Would you rent to this person again? YES NO NOT SURE

Other Comments: _____

SIGNATURE: _____ TITLE: _____ DATE: _____